



Editorial

Crucial Conversations for the New Academic Year



Simulation is helping us peel back the layers of the onion to clearly see what some of the actual problems are in clinical education today. The International Nursing Association for Clinical Simulation and Learning standards suggest that all students and facilitators should be aware of the objectives of a simulation, before the scenario beginning. Similarly, adjunct and full-time faculty should have a clear picture of what they expect of students and how to use the clinical evaluation forms, before the semester begins. Talk about a crucial conversation! And yet, it frequently does not happen. If lead teachers and clinical faculty regularly meet at the beginning of a semester to develop a shared mental model of what students should “look like” at semester’s end, your course is a rarity.

In my experience, few nursing programs routinely require all clinical groups at all levels, to meet at the beginning of a semester to determine the minimal competencies required for passing the course. The excuses for not having this crucial conversation are many. Some adjuncts are hired at the last minute, some adjuncts “will not come” to a team meeting. *What?!* No wonder we have the problems we do in nursing education. To assume that all team members, new or experienced, are interpreting a clinical evaluation tool the same way without talking about it at

least once a year, is hubris. This also creates problems when a student fails to achieve the minimal competencies or objectives of the clinical experience ... because no one was ever clear about what was expected.

As we develop best practices in simulation, many of these same best practices are spilling into the clinical environment. This is not surprising, as simulation is clinical in a different setting. Simulation faculty agree on the expected behaviors for a given scenario ahead of time and debrief accordingly. Simulation faculty frequently have had more training in debriefing and evaluation than traditional clinical faculty. They are forced to have crucial conversations with students based on actionable behaviors that they witness, sometimes on a daily basis. Their experiences may be very helpful in leading a crucial conversation for clinical faculty about what success on a clinical evaluation instrument might look like. This is regularly done in simulation.

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